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APPLICANTS

Lutz Biedermann, Villingen, GERMANY;
 Jurgen Harms, Karlsruhe, GERMANY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/DAVID H WILLSE/ Examiner's Signature	Initials	GERMANY	3	18

ADDRESS

CHRISTIE, PARKER & HALE, LLP
 PO BOX 7068
 PASADENA, CA 91109-7068
 UNITED STATES

TITLE

Invertebral disk prosthesis

FILING FEE RECEIVED 2400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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